

A21000060606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

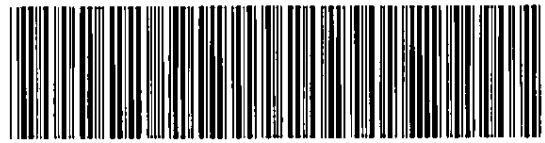
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only




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FILED
21 OCT 28 AM 9:35
TOLSON

RECEIVED
2021 OCT 28 PM 12:12
ALLIANCE

T. LEMIEUX
OCT 29 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 173630 8329438
AUTHORIZATION : 
COST LIMIT : \$ 1,000.00

ORDER DATE : October 27, 2021
ORDER TIME : 10:02 AM
ORDER NO. : 173630-005
CUSTOMER NO: 8329438

DOMESTIC FILING

NAME: CITRUS GLEN PRESERVATION, LTD.

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
XX _____ CERTIFICATE OF LIMITED PARTNERSHIP
_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Citrus Glen Preservation, Ltd
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Jonathan Gruskin
Contact Person

Ulysses Development Group, LLC
Firm/Company

210 University Blvd, Ste 77
Address

Denver, CO 80206
City, State and Zip Code

ryan.omalley@starfieldcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan O'Malley at (646) 318-4313
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status \$1,052.50 Filing Fees and Certified Copy \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Citrus Glen Preservation, Ltd

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.*

2. 210 University Blvd, Ste 77
(Street address of initial designated office)

Denver, CO 80206

3. Corporation Service Company
(Name of Registered Agent for Service of Process)

4. 1201 Hays Street
(Florida street address for Registered Agent)

Tallahassee, FL 32301

5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: *Eylina Orlov*
Assistant Vice President

Signature of Registered Agent

6. 210 University Blvd, Ste 77 Denver, CO 80206
(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box

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21 OCT 28 AM 9:35
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Jonathan Gruskin

210 University Blvd, Ste 77

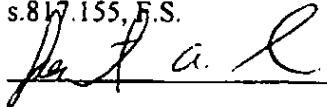
Denver, CO 80206

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 20 day of October, 2021

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75